

RELEASE OF BUYER REQUEST FORM

Pursuant to Section 1732 of the California Unemployment Insurance Code (CUIC), I hereby request a Certificate of Release of Buyer (DE 2220) be issued. (See page 2 for specific instructions)

BUYER INFORMATION THE BUYER HAS/HAD EMPLOYEES: YES ☐ NO ☐
IF YES, INDICATE EDD ACCOUNT NUMBER: _____

NAME: _____

DBA: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

SELLER INFORMATION THE SELLER HAS/HAD EMPLOYEES: YES ☐ NO ☐
IF YES, INDICATE EDD ACCOUNT NUMBER: _____

NOTE: A CERTIFICATE OF RELEASE OF BUYER IS NOT NECESSARY IF THE SELLER IS NOT AN EMPLOYER AS DEFINED UNDER SECTIONS 675 AND 676 OF THE CUIC.

NAME: _____

DBA: _____

BUSINESS
ADDRESS: _____

DOES THE SELLER HAVE MORE THAN ONE BUSINESS LOCATION? YES ☐ NO ☐

PHONE #: _____ FAX #: _____

FEIN: _____ LIQUOR LICENSE #: _____

FORWARDING
ADDRESS: _____ (if applicable)

ESCROW COMPANY/AGENT ESCROW #: _____
(if applicable)

NAME: _____ ESCROW OFFICER/AGENT: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

OTHER REQUIRED INFORMATION

PURCHASE PRICE: \$ _____ ESTIMATED CLOSING/ACQUISITION DATE: _____

SPECIAL INSTRUCTIONS: _____

SIGNATURE: _____ TITLE: _____ DATE SIGNED: _____

INSTRUCTIONS FOR COMPLETING THE DE 2220R RELEASE OF BUYER REQUEST FORM

PURPOSE: To provide information required to process a Certificate of Release of Buyer request, pursuant to Sections 1731 and 1732 of the CUIC.

BUYER INFORMATION:

Indicate if the buyer currently has or previously had an EDD account number

NAME: Enter buyer(s) name (MANDATORY)

DBA: Current business name of buyer (if applicable)

ADDRESS: Current business address of buyer (if applicable)

PHONE # AND FAX #: Number(s) to contact buyer for additional information

SELLER INFORMATION:

Indicate if seller currently has or previously had an EDD account number

NAME: Enter seller(s) name (MANDATORY)

DBA: Enter business name being sold

ADDRESS: Address of business location being sold (MANDATORY)

Indicate if seller(s) has more than one location. If so, please list locations, other than the location being sold, under Special Instructions.

PHONE # AND FAX #: Number(s) to contact seller(s) for additional information

FEIN: Enter Federal Employer Identification Number (if known)

LIQUOR LICENSE NUMBER: (if known)

FORWARDING ADDRESS: (if known)

ESCROW COMPANY/AGENT:

ESCROW NUMBER: (if applicable)

NAME: Name of Escrow Company or Agent

ESCROW OFFICER/AGENT: Name of escrow officer or agent representative

ADDRESS: Address of escrow company or agent

PHONE # AND FAX #: Number to contact escrow officer/agent for additional information

OTHER REQUIRED INFORMATION:

PURCHASE PRICE: The amount paid for the business by the buyer (and/or liabilities assumed) (MANDATORY)

ESTIMATED CLOSING/ACQUISITION DATE: The date the buyer will take over the assets from the seller (MANDATORY)

SPECIAL INSTRUCTIONS: Any other pertinent information not provided above, i.e., other business locations not being sold, additional owner or business names, etc.

SIGNATURE/TITLE/DATE SIGNED: Signature and title of preparer with date signed